



**FMLA/CFRA/PFL/PDL Request Form**

**REQUEST FOR LEAVE OF ABSENCE**

I request a leave of absence for the following reason (check one):

- Birth/adoption/placement (by the state) of a child
- Serious health condition of my child/child of domestic partner
- Serious health condition of my spouse/domestic partner
- Serious health condition of my parent
- My personal serious health condition
- I request a leave of absence because of a medical disability due to pregnancy, childbirth, or related reasons.

Intermittent Leave:

- I will be taking intermittent leave
- I will not be taking intermittent leave

Expected date that leave begins: \_\_\_\_\_

Expected date that leave ends: \_\_\_\_\_

**During my leave, I can be reached at:** \_\_\_\_\_  
Address/Phone Number

**USE OF SICK AND VACATION HOURS (STAFF ONLY)**

While on disability, FMLA, CFRA and/or PFL leave, please pay me according to the following instructions:

- After all of my sick leave hours are exhausted, please use my vacation leave hours
- After all of my sick leave hours are exhausted, please do not use my vacation leave hours

Union Employees Only:

- After all of my sick leave hours are exhausted, please use my personal holiday hours

I have received information regarding FMLA/CFRA/PFL/PDL and understand that the leave I have requested may count toward my leave entitlement. Please sign and return this form to Human Resources or to [employee\\_leaves@pacific.edu](mailto:employee_leaves@pacific.edu).

Employee Name (Please Print) and Pacific ID Number:

Employee Signature

Date